sented by the distended segment of large intestine lying above the stomach. On reaching the splenic flexure, the bowel was so sharply bent upon itself as to be again occluded. Whole spinal intestine was distended. Some four or five inches of the terminal parts of the ileum were still found within the hernial cavity. It had passed in with the cæcum, but was only partially strangulated. At the seat of stricture the colon was in front of the small intestine. Of the strangulated colon the cæcum was the part that had suffered least. There was a descending meso-colon of moderate length. The colon may be described as being very sharply bent upon itself at the foramen of Winslow. The situation of this acute bending, the seat of the stricture, would correspond to about the centre of the transverse colon. The bowel from this point to the tip of the cæcum was involved in the strangulation. The remaining half of the transverse colon was dilated by reason of the abrupt manner in which the bowel was again bent upon itself at the splenic flexure. There was no trace of an hepatic flexure. It was evident that the cœcum was undescended, and had led the way through the foramen, which admitted four fingers. It was found quite impossible to reduce the strangulated hernia. Reduction could not be effected until the hepatic artery and portal vein and bile duct had been divided. Mr. Treves expresses a belief that this form of hernia can only take place when an abnormality exists in the intestines and mesentery. Mr. Treves was only able to find four recorded instances of this form of hernia, viz., Rokitansky, Blandin, Majoli and Eliot. In the fully reported cases stress is laid on the epigastric pain, upon the presence of a swelling in that region, and upon the existence of dulness over the swollen district. In no instance was there jaundice.—*Lancet*, Oct. 13.

H. H. TAYLOR (London)

EXTREMITIES.

I. Conservative Treatment of Gunshot Wound of the Humerus. By DR. PAVEL A. GEIER (Kaluga, Russia). A well-made and nourished young soldier was shot with a rifle discharged at a short distance from him. On examination one-half hour later, there was found a circular wound of the size of a shillingpiece, with de-

pressed edges, situated on the anterior surface of the right arm 2 cm. above the axilla, while on the line separating the outer aspect of the arm from the posterior one, at a somewhat lowel level, there was seen another, a little larger, and oval opening, with everted lacerated lips. Probing and manipulations showed that there was present an extracapsular comminuted fracture of the surgical neck of the humerus, while large vessels and nerves remained intact. Having washed out the bullet channel with a 93 per cent carbolic solution, Dr. Geier introduced iodoform plugs, dressed the parts with c arbolized wadding and gauze and duly immobilized the limb in splints. On the third day a fenestrated plaster-of-Paris dressing was applied, the wounds being daily washed out and dressed as before. The patient felt comfortable, the temperature never rising above 38° C. On changing the plaster dressing on the 61st day, the fracture was found united, but there were still present fistulous openings with fungating granulations, while a probe struck against a whole collection of freely lying sequestra. Accordingly, on the 66th day, a vertical incision down to the bone was made anteriorly midway between the entrance and exit openings, and 6 large fragments with several small splinters were extracted, after which the wound was washed out with the carbolic lotion, the drainage tubes, passing through the bullet wounds and the incision, inserted, and an antiseptic dressing applied. In a few days the temperature fell to the standard, the purulent discharge rapidly lessened, and all the wounds subsequently soundly closed. The man recovered with his limb practically intact in its functions. As Dr. Geier observes, his case furnishes an additional proof that the modern antiseptic conservative surgery can attain ideal results even in such grave cases as a gunshot comminuted fracture of a long bone in an immediate proximity with a large joint.—*Proceedings of the Kaluga Medical Society for 1887.*

VALERIUS IDELSON (Berne).

II. Two Cases of Gangrene of the Foot with Diabetes Mellitus. By DR. SCHUSTER (Aachen). The author reports two cases of gangrene of the lower extremity complicating diabetes melli-